U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved
Office of Management
and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY SEFORE PREPARING THIS REPORT.

<u> </u>	
1. File Number U -	2. Fiscal Year Covered From:
13508	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Veronica Turner	Name District 1199E-DC, SEIU
	Labor Organization File Number 069-557
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 7009 Buchannan Road	Street 611-N. Eutaw Street
City Camp Springs	Chy Baltimore
State Waryland or Lorend process Zip Code + 4 20748 or to	THE SECOND WELFUL AND DOUGH OF THE PARTY OF THE PROPERTY OF TH
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Enter appropriate data below if, during the past flecal year, you or your se except as specified in the ex-	riseriana ant facile in the instructionals
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Name of Person Filing Veronica Turner	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Carson Turner Trade Name, if any: Dynamic CT Productions P.O. Box, Bldg., Room No., if any Street 7009 Buchannan Road City Camp Springs State Maryland ZIP Code + 4 20748	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. if 9.b. or 9.c. is checked give trust or employer's name. Name District 1199E-DC, SETU Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 611 N. Eutaw Street Cly Baltimore Siale Maryland ZiP Code + 4 21201	11.a. Nature of such dealing. Contract for entertainment as Disc Jockey Annual Christmas Party, December 18, 2004 11.b. Approximate dollar value of such dealing. \$250 12.a. Nature of interest held or income received. Husband business	
The annual control of the control of	12.b. Amount. \$250	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZiP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	